



BOARD OF DENTISTRY

Steven L. Beshear
Governor

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Louisville, Kentucky 40222
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<http://dentistry.ky.gov>

Brian K. Bishop
Executive Director

Authorization for Release of Medical and Dental Records to the Kentucky Board of Dentistry

I, _____ the undersigned, hereby authorize the
print full name
full release of any and all medical and dental records, billing information, and
medical and dental reports from the dentist, physician, or other medical personnel, or
any licensed health care facility, regarding the medical and dental history, diagnosis,
and treatment relevant to my initiating complaint, filed with the Board against
_____, to the Executive Director of the Kentucky
name of dentist or dental hygienist
Board of Dentistry or any authorized agent or investigator of the Board.

The Board's address is: 312 Whittington Pkwy, Suite 101, Louisville, Kentucky
40222. Copies of such documents may be mailed to the Executive Director at this
address or hand-delivered to any authorized agent or investigator or the Board.

A photocopy of this authorization shall be deemed as effective as an original. This
authorization shall be effective for one year from the date of signing.

Date

Signature of patient or legal guardian of patient